



Mitt Romney  
Governor

Kerry Healey  
Lieutenant Governor

Jennifer Davis Carey  
Secretary

*The Commonwealth of Massachusetts*  
*Executive Office of Elder Affairs*  
*One Ashburton Place, Boston, MA 02108*

Phone (617) 727-7750  
Fax (617) 727-9368  
TTY/TTD 1-800-872-0166

PROGRAM INSTRUCTION

EOEA-PI-06-04

TO: Councils on Aging

CC: Area Agencies on Aging  
Aging Services Access Points

FROM: Jennifer Davis Carey

DATE: March 30, 2006

RE: FY 2007 State Council on Aging Formula Grants

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Purpose:

Elder Affairs anticipates that the Fiscal Year 2007 (FY07) state budget will again include an appropriation for grants to municipal Councils on Aging (COAs). On that basis, this Program Instruction sets forth an application procedure designed to provide COAs with their grant monies at the earliest possible date.

Each COA will have available a grant at the rate of \$5.87 per elder based on the community's 60 and older population as determined by latest available figures from the U.S. Bureau of the Census; all COAs, regardless of size, are eligible to apply for at least \$3,000. The enclosed Payment Advisory Vouchers identify this amount. All figures are subject to final appropriation. You may begin to incur expenditures against the anticipated FY07 allocation as of July 1, 2006.

Elder Affairs, in conjunction with the Massachusetts Association of Councils on Aging and Senior Center Directors (MCOA), will assist COAs in completing their formula grant applications and provide an overview of the contracting process and the annual report form.

## Eligibility:

Only Councils on Aging established under Massachusetts General Law Chapter 40, s. 8B, may apply for formula grants. All proposals must be submitted on the attached forms. You may make copies of these forms. Completed forms that include original signatures will be treated as originals.

## Submission of Materials

Please forward the application via first class mail to Elder Affairs, 1 Ashburton Place, 5<sup>th</sup> Fl., Boston, MA 02108-1518, ATT: COA Formula Grants. This material should be postmarked according to the due dates cited below. Early submissions of applications are welcome.

- Application (Attachment A)
  - Due Date: May 25, 2006
  - Must submit original, not a copy.
- Budget (Attachment B)
  - Due Date: May 25, 2006
- Repeat Application (Attachment C)
  - Due Date: May 25, 2006
  - If applicable, must submit original form and most recent prior complete copy of Formula Grant Application (Attachment A).
- Payment Advisory Vouchers
  - Due Date: May 25, 2006
  - Must submit two (2) originals, not copies.

Incomplete, unsigned, or improperly dated material will be returned. Elder Affairs reserves the right to withhold consideration or processing of applications and/or payment advisory vouchers pending satisfactory submission of required material.

A copy of your Formula Grant application should also be forwarded to your Area Agency on Aging.

- Statement of Grant Balance
  - Due Date: September 30, 2006
  - COAs shall submit the Statement Of Grant Balance in conjunction with this grant program. All unspent balances remaining after the close of business on June 30, 2006, must be returned to the Commonwealth. This statement, and any required payment, should be postmarked no later than September 30, 2006.
- COAs Receiving a Formula Grant of Greater Than \$75,000
  - Must submit quarterly payment Payment Advisory Vouchers. Each such Voucher shall be for 25% of the total grant awarded. All Payment Advisory Vouchers are enclosed with the application package.

## Procedure for Amending Grants

- Grant amendments should be proposed at least 60 days prior to the end of the fiscal year in which funds are awarded. Requests shall be in writing to the Secretary of Elder Affairs and should note the proposed change(s) and the reason for the request. All letters must be signed by the municipality's chief executive officer or other appropriate signatory. The applicant shall be bound by the decision of Elder Affairs.

## Contact:

For further information, please contact Mr. Emmett Schmarsow at (617) 222-7471 or 1-800-698-9723, or e-mail to [emmett.schmarsow@state.ma.us](mailto:emmett.schmarsow@state.ma.us).

## Attachments:

ATTACHMENT A: Formula Grant Application

ATTACHMENT B: Budget (Word or Excel format: please request Excel version via e-mail.)

ATTACHMENT C: Formula Grant Repeat Application Form

Statement of Grant Balance

Two Payment Advisory Voucher Forms



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## Notes Regarding Your Contract and Application Amount

This packet contains no Standard Contract Form. Your municipality completed a five year contract document in Fiscal Year 2005 and FY 2007 is year three of that agreement.

A "Standard Contract Amendment Form," and possibly a "Contractor Authorized Signatory Listing" will be issued later. These will amend your contract in your state accounting system and confirm the names and titles of those authorized to sign contracts for your city/town.

There are two enclosed pre-printed Payment Advisory Vouchers:

- The COA director or chair should sign in the center shaded ("x") box and indicate the date you are signing the Payment Advisory Voucher in the "Vendor Invoice Date" section;
- Your anticipated funding for FY2007 is listed at "Formula Budget FY07" on each Payment Advisory-Voucher.

Final payments will be not be made until the FY2007 budget is final. In some instances, initial payments are issued. These will equal last year's initial payment (only in cities/towns that will not allow a temporary deficit while awaiting the grant payment). If you are in doubt as to whether you are on record requesting an early payment, please confirm your status with Elder Affairs in writing/e-mail before July 1, 2006 (except for larger cities which must submit invoices quarterly).



Attachment "A" Executive Office of Elder Affairs  
FY 2007 COA Formula Grant Application Instructions

Council on Aging (COA) Formula Grants are used to promote and support the health and well-being of seniors in the community. Monies may be used for salary, operating expenses, direct services, staff and board training, volunteer development and recognition and numerous other activities. Allowable expenses include senior center/office rent, utilities and equipment, outreach, information and referral, transportation, health screening and counseling, pre-retirement, intergenerational, "Caring for Elders at Home" programs and other support activities, professional organization membership and attendance at conferences and workshops, among other costs.

Part A. Summary of Proposed Activities with Program Objectives

For each activity, state briefly, but specifically, how you intend to use Formula Grant monies, e.g., employ a part-time outreach worker, conduct monthly health screenings, print and distribute the newsletter, conduct volunteer recognition, etc.

Please initial the box if the requested item is identical to last year's final request; use this designation even if the item was previously listed as a different activity number. If all proposed activities and objectives are identical to your previous final grant application, you may submit Attachment C in lieu of a new Attachment A.

Each separate expense/activity must be identified and expressed in terms that can be readily evaluated. Each activity has its own objective or measurable outcome. There may be more than one objective for a given activity. For example, someone engaged in outreach might contact at least 10 new elders every month, mail a greeting card and brochure from the COA to every elder on his 80th birthday, speak to at least three civic groups, nursing homes, etc. each quarter, or involve the COA in at least one speaking engagement each month. Please also indicate the number of unique individuals (unduplicated) to be served annually. Elder Affairs recognizes that some activities are not easy to quantify.

Submit a separate, current, labeled (with Activity #) job description for each Formula Grant funded position. If someone holds more than one position, a separate job description should be submitted for each position. All job descriptions should include:

- a) The job title;
- b) A brief, general statement of duties; (optional)
- c) At least six (6) specific examples of duties to be performed;
- d) Identification of supervision received or exercised;
- e) The knowledge, skills and/or abilities expected for the position, *not necessarily* those of the incumbent. Minimum qualifications should be specific to the position;
- f) Salary range. Restate the rate of pay per hour/class/annum or other measure.  
Fringe benefits and hours per week should be noted. State if there are no benefits.
- g) Identify contractual positions; include a copy of the proposed contract/agreement.
- h) Note the corresponding Activity# on each job description.

Job descriptions equal to the above should be submitted for individual vendors.

Suggested vendor contract, as well as a sample format for job descriptions, are available from Elder Affairs. You do not need to submit job descriptions, contracts or any other documentation for positions or costs not supported by the formula grant.





## Ineligible Costs

- Entertainment, contingencies, fines and penalties, bad debts, uncovered insurance losses, contributions, donations, consumable craft supplies, bingo machines or related equipment, televisions, VCRs/DVDs (unless for educational purposes).
- Medicare or Medicaid reimbursable costs are not allowed, nor are individual medical treatments (e.g., podiatry or massage).
- Parties and celebrations.
- Recreational activities, such as arts and crafts and related equipment and/or supplies, will not be approved. Ineligible costs include bus/cultural trips, trip coordinators, and line dancing or similar instruction.
- Costs for personal emergency response systems (such as "LifeLine"), medical loaner equipment, smoke/fire/CO detectors and non-computer related photo ID equipment is not eligible for funding.
- Longevity or length of service pay is not an eligible cost.
- No computer service contracts.

## Special Eligible Costs

- Costs incurred to enhance the participation of seniors with disabilities in center activities are allowable. Language and/or computer instruction must relate to direct service, work related duties (by staff and/or dedicated volunteers only). All such program objectives must be clearly identified.
- COAs may request site improvements for architectural barrier removal, public health and safety, and energy conservation. Include drawings and plans, as applicable. Cosmetic improvements to senior centers are ineligible for funding.
- Elder Affairs will consider the purchase of equipment and/or furnishings for senior centers. The COA must demonstrate the need related to public health and/or safety; exceptions will be considered on a case-by-case basis. Unrelated expenditures will not be approved.
  - Desks: \$350
  - Chairs should be designed for sturdiness and ease of seating and rising. Secretarial chairs typically do not exceed \$150/unit.
  - Stacking chairs: \$50/each, should be washable and have a capacity of at least 250lb.
  - Folding tables (depending on dimensions): \$40/unit to \$120/unit. Round "cafeteria" tables with wheels may be more expensive but easier to maneuver.

## Maximum Expenditure Guidelines

These guidelines represent current practices that should be observed for formula grant program costs; exceptions will be reviewed on a case-by-case basis. While costs do vary around the state, the COA should ensure that proposed salaries/wages and other costs are competitive.

The figures cited represent the maximums allowable with formula grant funds and are not intended to represent the "going rate." The COA may use other resources (e.g., "Friends of COA", municipal dollars or other) to supplement the amounts permitted.

The COA is obliged to follow state and/or local procurement procedures, as applicable. These guidelines should be observed for the costs specified. Elder Affairs encourages the acquisition of equipment and/or supplies through municipal or state purchasing agents.

Bid list items should be identified as such in the "NOTES" column on Attachment B. The COA need not obtain multiple quotes if an item is purchased from a bid list.

- Personnel costs for any position (including instructors under contract) shall not exceed \$35/hour with state grant funds.
- Applicants are expected to obtain three estimates for any item of capital equipment, that is, any item with a unit cost of \$1,000 or more, or a life expectancy of one year or greater. Suitable used equipment should also be considered. Good business practices should always apply.
- Applicants are asked to secure three estimates for any service contracts, e.g., cleaning, copier maintenance, etc., likely to exceed \$1,000 per annum.
- Computer: maximum \$1,200 (includes typical printer, monitor, cables, software). Note if purchase is from a municipal or state bid list.
  - Indicate titles of at least two individuals who will be responsible for computer operations and how related training needs, if any, will be met.
  - Computers shall meet or exceed Elder Affairs specifications; however, most currently available systems comply. The COA must include a back-up system (CD-RW disks/ tape/LAN) so that data may be stored off-site. We require at least 512 "Megs" of RAM, a Pentium 4 processor or Athlon equivalent, and an 80GB hard drive. HT (Hyper Threading) technology is suggested but not required.
- TDDs or TTYs (telecommunications devices for the deaf) are allowable (\$300). telephone answering machines – tapeless variety (\$100) or answering system costs are permitted.
- Vans must be lift equipped. Outreach to un- or under-served populations should be clearly identified. No vehicles may be used for transportation of staff.
- Exercise equipment is allowable. Describe its use in preventive/rehabilitative programs, and note plans to provide structured (trained) supervision for the equipment's use.



Executive Office of Elder Affairs  
 1 Ashburton Place, 5<sup>th</sup> floor  
 Boston, MA 02108-1518

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 Name of Community

Contact Person: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

COA Mailing Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\$

A. Summarize your proposed Formula Grant expenses. Describe each measurable outcome you hope to achieve with these funds. Note the unduplicated (unique) number to be served annually for each objective at "Undup. Count." Please initial the appropriate box ☐ for an activity identical to last year's request. A maximum of ten (10) activities may be sought.

If all activities/objectives are unchanged from last year, you may use Attachment "C" and copy the latest year's final, identical grant Attachment A (see Attachment B).

Activity 1: \_\_\_\_\_

 \_\_\_\_\_ ☐ (Same as last year)

Objective a: \_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective b: \_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective c: \_\_\_\_\_ Undup. Count \_\_\_\_\_

Activity 2: \_\_\_\_\_

 \_\_\_\_\_ ☐ (Same as last year)

Objective a: \_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective b: \_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective c: \_\_\_\_\_ Undup. Count \_\_\_\_\_

Activity 3: \_\_\_\_\_

 \_\_\_\_\_ ☐ (Same as last year)

Objective a: \_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective b: \_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective c: \_\_\_\_\_ Undup. Count \_\_\_\_\_

Activity 4: \_\_\_\_\_

_____	<input type="checkbox"/> (Same as last year)
Objective a: _____	Undup. Count _____
Objective b: _____	Undup. Count _____
Objective c: _____	Undup. Count _____

Activity 5: \_\_\_\_\_

_____	<input type="checkbox"/> (Same as last year)
Objective a: _____	Undup. Count _____
Objective b: _____	Undup. Count _____
Objective c: _____	Undup. Count _____

Activity 6: \_\_\_\_\_

_____	<input type="checkbox"/> (Same as last year)
Objective a: _____	Undup. Count _____
Objective b: _____	Undup. Count _____
Objective c: _____	Undup. Count _____

Activity 7: \_\_\_\_\_

_____	<input type="checkbox"/> (Same as last year)
Objective a: _____	Undup. Count _____
Objective b: _____	Undup. Count _____
Objective c: _____	Undup. Count _____

Activity 8: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ☐ (Same as last year)  
Objective a: \_\_\_\_\_

\_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective b: \_\_\_\_\_

\_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective c: \_\_\_\_\_

\_\_\_\_\_ Undup. Count \_\_\_\_\_

Activity 9: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ☐ (Same as last year)  
Objective a: \_\_\_\_\_

\_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective b: \_\_\_\_\_

\_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective c: \_\_\_\_\_

\_\_\_\_\_ Undup. Count \_\_\_\_\_

Activity 10: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ☐ (Same as last year)  
Objective a: \_\_\_\_\_

\_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective b: \_\_\_\_\_

\_\_\_\_\_ Undup. Count \_\_\_\_\_

Objective c: \_\_\_\_\_

\_\_\_\_\_ Undup. Count \_\_\_\_\_

(This represents the maximum number of activities that can be requested.)





B. Council on Aging Board Members as of application date.

Please list names and titles, beginning with the chair of the COA.

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Please note the chair's home/ mailing address. Thank you.

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C. APPLICANT SIGNATURES: The persons whose signatures appear below are authorized to commit the applicant to this application for state grant funding and hereby agree to its submission to the Executive Office of Elder Affairs.

Elder Affairs reserves the right to modify the purposes and/or proposed expenditures of this application prior to execution of the final grant agreement. The amount of this award may be modified subject to appropriation by the General Court.

_____	(x)	_____	_____
(PRINT) Director/Coordinator		(signature)	(date)
_____	(x)	_____	_____
(PRINT) Chairperson		(signature)	(date)
_____	(x)	_____	_____
(Print) Chair, BOS; Mayor;		(signature)	(date)
Town or City Manager / Administrator;			
Executive Secretary / Administrator; _____			



## Attachment "B" Budget Instructions

Municipal Funding FY 2007: Note the city/town funding in FY2007 for this category. Please be certain the total equals the anticipated local appropriation for FY2007.

Other Local Resources: Any other source of support, except the formula grant, for the COA, e.g., AAA, ASAP, "Friends of...", anticipated donations, Small Cities funds, Community Development Block Grants (CDBG). Please note in-kind donations, including monies allocated to other municipal departments to directly support COA operations or activities, with an asterisk.

Formula FY 2007: The formula grant application amount (see Payment Advisory Vouchers)

TOTAL: Sum all funds and in-kind resources.

ACT.OBJ. #'s: Cross reference costs associated with Attachment A. Attachment A grant purposes Activity # and Objectives (a,b,c) should be identified in this column.

Total Hours/Week: Indicate total hours per week for each position regardless of funding source. Be certain the formula grant portion of the total hours is clearly identified.

Personnel: All Formula Grant positions must include hours of service and rates of pay.

- Identify hours of service and rates of pay directly attributable to the Formula Grant.
- All paid/contractual individuals, full or part-time, regardless of funding source, should be listed on page 1 of Attachment B.

Instructors/Facilitators: Include contracts. Vendors are typically fitness and exercise instructors and support group leaders. Suggested vendor guidelines are available from Elder Affairs. List health screening personnel here or in Contractors section (page 2).

Subtotal each column; carry subtotals to bottom of Page 2 of Attachment B.

Staff/Volunteer Transportation: Note costs for staff or volunteer transportation (maximum of \$.40/mile with state funds); vehicle support costs (insurance, maintenance, gas/oil, etc.) should be identified.

Client Transportation: Include a copy of the proposed contract or purchase of service agreement. Identify cost per mile/hour/day or other measures. Note anticipated fees or donations (program income).

Rent/Mortgage: Identify cost per square foot, if available. Note whether space is shared or whether the COA has priority and full time (or part-time) use of the space. You do not need to include a copy of the rental/mortgage agreement.

Utilities: Electricity, telephone, gas/oil, etc. May include internet service.

Renovation/Construction: Costs should be broken down by major category (electrical, masonry, plumbing, HVAC, etc.). Three estimates and a timeline for fund expenditure should be provided. The COA must secure an agreement specifying at least five year's use and occupancy from the date improvements are completed and accepted by the municipality.

Equipment/Furnishings: Fully describe (model/model equivalent, capacity, or other distinguishing feature/s). Include three estimates for all capital equipment (items with a life expectancy of one year or more; unit cost of \$1,000 or more). If purchase is from a state/municipal bid list, you need not obtain multiple quotes.

Supplies: Office and consumable supplies.

Facility Maintenance: Cleaning contracts (not COA staff positions).

Printing/Copying: Routine copying, printing of stationery, brochures, etc. (non-newsletter)

Postage: Correspondence and routine (non-newsletter) mailing costs.

Dues: Organizational memberships; may include subscriptions.

Newsletter Printing: Newsletter related postage, printing and distribution costs.

Conference/Education: Board and staff development and training, including mileage and travel reimbursement. Limited to \$800 per person per year. May include training expenses such as registration fees, materials, etc.

Volunteer Recognition: Recognizing volunteer efforts, to a maximum of \$12 per volunteer per year. Describe qualifications or criteria for recognition (e.g., 30 hours per year). Elder Affairs requires that such programs be held or offered in conjunction with ongoing training or educational activities; please describe or clearly reference such activities or programs in Attachment A. In-service training costs of volunteers are not counted against the \$12 maximum per volunteer cited.

Contractors: All contracts using formula grant funds should be identified and included with your application. Include agreements for copier site maintenance, food service and other vendors. No computer service contracts. Please record individual contractors at pg. 1 of Attachment B under "Other."

Other: Any expense not listed above. Identify all relevant/significant characteristics.

Additional Remarks:

For direct service programs such as outreach, social service coordination, chore, minor home repair and long distance medical transportation, include a copy of the intake and/or screening form(s). Note donation and/or sliding fee policies, if applicable. Indicate the maximum dollar value and hours of service/s that may be provided any single client annually with Formula funds.

If grant funds are to be used for your newsletter, note in Attachment A whether Elder Affairs is regularly identified as supporting the printing, distribution and/or production of the newsletter.

COAs are strongly urged to maintain complete, current, written job descriptions (see guidelines in the **page 4 shaded area**) for all direct service paid and volunteer positions, e.g., drivers, meals deliverers, food shopping assistants, friendly visitors, telephone reassurance workers, outreach personnel, office and kitchen staff, volunteer coordinators, SHINE counselors, tax preparers and nurses. All volunteer hours (including staff working beyond paid hours) should be identified in Section I of the Annual Report.



Executive Office of Elder Affairs  
1 Ashburton Place, 5<sup>th</sup> floor  
Boston, MA 02108-1518

-- FY 2007 --

Attachment "C"

Council on Aging

REPEAT APPLICATION

(substitutes for prior Attachment "A" Formula Grant)

\_\_\_\_\_  
Name of Community

\$

Contact Person: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

COA Mailing Address: \_\_\_\_\_

e-mail address: \_\_\_\_\_

A. In using this form, our Council on Aging (COA) affirms that all requested Formula Grant activities and objectives are identical to those submitted to Elder Affairs, and not changed from what was approved in the COA award letter dated January 20, 2006.

The COA has attached to this form:

- A copy of Attachment A from the most recent prior year in which an Attachment A was submitted;
- Copies of any required job descriptions (with Activity #'s listed on each job description);
- Any other related material from the last application year;
- A copy of the FY2007 Attachment B; and,
- Two (2) signed, dated Payment Advisory Voucher forms.

Applicant Signatures: The persons whose signatures appear below are authorized to commit the COA to this application and agree to its submission to Elder Affairs. The COA asserts that it has materially complied with any and all grant conditions and requirements attached to and incorporated in the Formula Grant most recently approved by Elder Affairs.

Only one original of Attachment C is required. The reverse of this sheet must be completed. Please note that the amount of this award may be modified subject to appropriation by the General Court.

\_\_\_\_\_  
(PRINT) Director/Coordinator

(x)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(PRINT) Chairperson

(x)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(PRINT) Chair, BOS; Mayor;  
Town Administrator; Town Manager;  
Executive Secretary; Mayor; \_\_\_\_\_

(x)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

B. COUNCIL ON AGING MEMBERS (as of application filing date). Please list names and titles, beginning with the chair of the COA.

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Please note the chair's home/mailling address. Thank you.

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# REVIEW CHECKLIST – for Council on Aging use

You may use this to review whether you have submitted the required materials to Elder Affairs. (You do NOT need to submit this checklist.)

	Materials Needed	Notes
Attachment "A" Application	original	Postmark no later than May 26.
Job description(s) with minimum qualifications and rate/s of pay	Original	Note Act#s on each. Work plans are optional.
Itemization of capital equipment items, including three estimates	original	Please note if acquiring from a public bid list.
Plans and/or drawings for eligible improvements	Original	
Other, e.g., time lines, intake material, (signed) vendor contracts	Original	
Attachment "B" Budget	original	Postmark no later than May 26.
(2) Payment Advisory-Vouchers signed by COA	two originals	Include with Att. A & B. Retain copy for files.  Please date at "Vendor Invoice Date"
Attachment "C" REPEAT APPLICATION (If applicable).	Original	Postmark no later than May 26 <sup>th</sup> .
Contractor Authorized Signatory Listing	-- see note --	Not due with initial submission of your Formula Grant.

Do not submit this item with the grant application

Annual Report EOEA-SGA	two copies	Postmark no later than Aug 8.
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## Statement of Grant Balance/s for Fiscal Year 2006

Executive Office of Elder Affairs  
1 Ashburton Place, 5th Floor  
Boston, MA 02108-1518

\_\_\_\_\_  
(Name of Council on Aging)

\_\_\_\_\_  
(PRINT -- Name and Title of Person Completing Form)

( \_\_\_\_\_ ) \_\_\_\_\_  
(Daytime Telephone Number of Person Completing Form)

INSTRUCTIONS: Note all unencumbered State Council on Aging grant balances as of July 1, 2006. If no funds remain, or all remaining funds have been encumbered prior to July 1, 2006, and are scheduled for payment, indicate the figure "0" at TOTAL (below).

This form, and any required payment, should be returned to Elder Affairs no later than September 30, 2006.

- ITEMIZE

FY 2006 (Formula) \$ \_\_\_\_\_

FY 2006 (Service Incentive) \$ \_\_\_\_\_

FY 2006 (SHINE) \$ \_\_\_\_\_

- TOTAL

State Council on Aging grant  
monies remaining as of July 1, 2006 \$ \_\_\_\_\_

I hereby certify, under the pains and penalties of perjury, that the balance of funds indicated at TOTAL above is a true and complete figure.

(signed) \_\_\_\_\_ (dated) \_\_\_\_\_

Please return this form, along with a check payable to the Commonwealth of Massachusetts for any grant balance shown at TOTAL greater than \$-0-, to the Executive Office of Elder Affairs, 1 Ashburton Place, 5th floor, Boston, MA 02108-1518  
ATT: COA Grant Program.

